

PTO/SB/01 (10-00)

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	DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN				cket Number	VDX-500			
				First Named	Inventor	Yixin War	าต		
				COMPLETE IF KNOWN					
		APPLICATION CFR 1.63)		Application I	Number	10/782,41	13		
	Declaration Submitted with Initial Filing O	OR Initial Filing (Su		Filing Date		February	18, 200 ₄	4	
		(37 CFR 1.16(e)		Group Art U	nit	1645			
		•		Examiner Na	ame				
ľ	As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
COLORECTAL CANCER PROGNOSTICS (Title of the Invention)									
the specification of which									
is attached hereto									
OR									
was filed on (MM/DD/YYYY) 02/18/2004 as United States Application Number or PCT International Application Number 10/782,413 and was amended on (MM/DD/YYYY)									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
	Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime			d Copy hed? NO	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial No. Filing Date Status								
Application Serial No.	1 ming Date	Status						
10/651237	08/28/2003	Pending Patented Patented						
I hereby appoint:								
Practitioners at Customer Number	000027777	Place Customer Number Bar Code Label Here						
Practitioner(s) named below: Name Registration Number								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Todd F. Volyn at telephone number (732) 524-6202.								
Customer Number Direct all correspondence to:								
Name:								
Address:								
Address:								
City:	State:	ZiP						
Country	Telephone:	Fax:						

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor **Family Name Given Name** (first and middle [if any]) Yixin or Surname Wang 5/12/2004 Inventor's Signature Residence: City San Diego State CA **Country USA** Citizenship CA Mailing Address 12511 El Camino Real Unit E **ZIP** 92130 San Diego State CA Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name **Family Name** (first and middle [if any]) or Surname Inventor's Signature Date State Country Citizenship Residence: City **Mailing Address** ZIP State Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship **Mailing Address** City State ZIP Country